

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8269</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2006</u>
3. Name and address of person filing. Name <u>LAURA</u> <u>H</u> <u>BACKUS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5303 VININGS SPRINGS PT</u> City <u>MABLETON</u> State <u>GEORGIA</u> ZIP Code + 4 <u>30126</u>	4. Name, file number, and address of labor organization. Name <u>National Pilot's Association</u> Labor Organization File Number <u>541-512</u> P.O. Box, Building and Room Number, if any _____ Street <u>3401 Norman Berry Drive, Suite 254</u> City <u>Atlanta</u> State <u>Georgia</u> ZIP Code + 4 <u>30344</u>
5. Position in labor organization. <u>GENERAL COUNSEL, NATIONAL PILOT'S ASSOCIATION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>AIRTRAN AIRWAYS, INC.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>9955 AIRTRAN BOULEVARD</u> City <u>ORLANDO</u> State <u>FLORIDA</u> ZIP Code + 4 <u>32827</u>	7.a. Nature of Interest, Transaction, or Income. <u>EMPLOYER WHOSE EMPLOYEES THE</u> <u>NATIONAL PILOT'S ASSOCIATION REPRESENTS</u> <u>6/28 dinner re: Grievance</u> <u>Settlement</u> <u>8/18 LUNCH re: Grievance</u> <u>Settlement</u> 7.b. Amount. <u>@25.00 total</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Laura Backus

On

1/12/06  
Date

404-559-7700

Telephone Number

Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ARNALL, GOLDEN & GREGORY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 171 17th STREET NW SUITE 2100

City ATLANTA

State GA ZIP Code + 4 30303-1031

9. Business deals with:

- ☒ a. Labor Organization NPA
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

OUTSIDE legal counsel for NPA

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

@ August 05, lunch to discuss grievances

12.b. Amount. 15.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Stearns Weaver Miller Weissler  
Alhadeff & Sifferson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 150 West Flagler St., Suite 2200

City MIAMI

State FLORIDA ZIP Code + 4 33130

9. Business deals with:

- ☒ a. Labor Organization NDA  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Outside legal counsel for NDA

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch re: deposition review

12.b. Amount.

\$10.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

☐

?

14.b. Amount of payment.

.. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AIRLINE PILOTS ASSOCIATION

Trade Name, if any: ALPA

P.O. Box, Bldg., Room No., if any

Street 1625 MASSACHUSETTS AVE.

City WASHINGTON

State DC ZIP Code + 4 20036

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

CONSULTANT TO NPA

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

dinner re: Media training

12.b. Amount.

25.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant ☐ ?

14.b. Amount of payment.

Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name James C. Hoffman

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1101 17th Street, Suite 510

City WASHINGTON

State DC

ZIP Code + 4 20036

## 9. Business deals with:

- ☒ a. Labor Organization NPA
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Outside Counsel for NPA

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

1/27/05, lunch
re: Negotiation strategy

## 12.b. Amount.

10.00

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

☐

?

## 14.b. Amount of payment.